

INDIAN INSTITUTE OF MANAGEMENT RAIPUR

Application for Casual Leave/Restricted Holiday

(For Staff – Group ‘B’ & Below)

1. Name _____ Designation: _____

2. Dept. /Section _____ Nature of Leave: _____

3. Number of days of Leave _____ From _____ To _____

4. Prefix / Suffix if any _____

5. Purpose of leave _____

6. Complete postal address during _____

leave period with Telephone No. _____

7. Whom charge to be given _____

(Strike off whichever is not applicable)

Date: _____

Signature of the employee

Recommended/Not Recommended

Approved By

(Chief Administrative Officer)

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(FOR OFFICE USE)

Entitlement days (Balance) _____

Leave No of Days _____ from _____ to _____

Remarks if any _____

Admin Staff

Chief Administrative Officer